

Amendments to the Specification:

Please replace paragraph [0015] with the following amended paragraph:

[0015] For example, FIGURE 1 depicts a diagram illustrating a PPO plan and major medical coverage 100 provided by an insurance company 102 in accordance with the prior art. The prior art includes an insurance company 102, one or more individuals (members) 104 either individually or part of a group and one or more service or product providers 106. The individual 104 pays a premium 108, which includes enrollment in a PPO Plan and major medical coverage, to the insurance company (PPO Plan and Major Medical Plan) 102. All or part of the premium 108 may be paid by the individual's 104 employer or business. The premium 108 may also include coverage for a spouse and dependents. When an individual 104 or a family member obtains health/medical services or products from a service/product provider 106, the individual 104 typically pays a co-pay 110 to the service/product provider 106 when the services or products are covered by the PPO Plan. If, however, the service or product is not covered by the PPO Plan, but is covered by the major medical coverage, the individual 104 typically pays a deductible up to a maximum out-of-pocket expense limit. The insurance company 102 then pays the service or product provider 106 based on contractual price list (PPO Fee) or what is deemed as usual and customary charges (Major Medical Payment) for the product or service in the particular geographic area (collectively shown as 112). Note that there can be a significant delay and administrative overhead associated with obtaining payment 112 from the insurance company 102.

Please replace paragraph [0026] with the following amended paragraph:

[0026] For example, FIGURE 2A depicts a diagram illustrating a PPO plan 200 (PPO BUSTERS) provided by a network provider 204 in accordance with one embodiment of the present invention. PPO BUSTERS 200 includes a network provider 204, individuals (members) 202 104 and medical service/good providers 206 106. As previously

described, individuals ~~202~~ 104 pay a membership fee 210 to the network provider 204 and/or PPO BUSTERS in order to join the program and access the medical service/good provider listing and discount price list 208. All or part of the membership fee 210 may be paid by the individual's ~~202~~ 104 employer or business. The membership fee 210 may also include coverage for a spouse and dependents. The medical service/good provider listing 208 is created and maintained by the network provider 204 or its agents and contains, in part, information provided by the medical service/good providers ~~206~~ 106. The medical service/good providers ~~206~~ 106 provide this information to the network provider 204 when they join PPO BUSTERS by agreeing to the terms and conditions of the network provider 204, such as agreeing to only charge individuals ~~202~~ 104 of PPO BUSTERS the discount price 212. The individual ~~202~~ 104 pays the discount price 212 to the medical service/good provider ~~206~~ 106 when the goods or services are rendered. The individual ~~202~~ 104 can "look up" the discount price on the discount price list 208 prior to contacting the medical service/good provider ~~206~~ 106.

Please replace paragraph [0027] with the following amended paragraph:

[0027] The medical service/good providers ~~206~~ 106 include physicians, hospitals, physical therapists, nursing facilities, cancer treatment centers, optical and hearing aid dispensaries, hospices, clinics, pharmaceutical benefit managers ("PBM"), pharmacies, chiropractors, dentists, medical supply stores, hospital supply stores and handicap equipment suppliers. As used herein the term "corporation" is used to refer to for-profit, non-profit, chartered and other organizations, including government entities, which may administer or be clients of the PPO Busters network.

Please replace paragraph [0029] with the following amended paragraph:

[0029] For example, FIGURE 2B illustrates an insurance company ~~252~~ 102 providing only major medical insurance coverage 250 to supplement the PPO BUSTERS plan 200 provided in accordance with the present invention. This supplement to PPO BUSTERS

includes an insurance company (Major Medical Plan Only) 252 102, one or more individuals (members) 202 104 either individually or part of a group and one or more medical service/product providers 206 106. The individual 202 104 pays a major medical premium 254 108 to the insurance company 252 102. All or part of the premium 254 108 may be paid by the individual's 202 104 employer or business. The premium 254 108 may also include coverage for a spouse and dependents. When an individual 202 104 or a family member obtains health/medical services or products from a medical service/product provider 206 106, the individual 202 104 pays a co-pay/deductible 256 110 up to a maximum out-of-pocket expense limit. The insurance company 252 102 then pays the medical service/product provider 206 106 based on what is deemed as usual and customary charges (Major Medical Payment 258 112) for the product or service in the particular geographic area. Note that there can be a significant delay and administrative overhead associated with obtaining payment 258 112 from the insurance company 252 102.

Please replace paragraph [0030] with the following amended paragraph:

[0030] The larger PPO BUSTERS membership roles become, the better the group premium 254 108 will become for its members. The bottom-line is that such insurance, without a mandatory PPO option, will only cost a fraction of what a normal medical insurance policy costs today because the insurance company 252 102 will not be responsible for the majority of the claims that current insurance companies pay. While the individual 202 104 will pay for their basic medical needs at greatly reduced prices 212 (FIGURE 2A) (the same that PPO's are currently paying), their overall cost of medical services (insurance, co-pays and deductibles) will go down dramatically because they are no longer being forced to let the insurance company 252 102 make its profit spreads on every dollar spent for medical services. Moreover, healthy people will pay even less when compared to a current group health insurance premium. Over time, the savings can be tremendous for young healthy people, because health care expenses are

shifted from present day dollars to future dollars. In addition, the young healthy people are not subsidizing those that are less healthy.

Please replace paragraph [0035] with the following amended paragraph:

[0035] Now referring to FIGURE 3, a data flow diagram 300 in accordance with one embodiment of the present invention is shown. The medical service/good providers 302 106 (collectively referred to as a pool of service/good providers) that wish to participate in the PPO BUSTERS program will be able to do so in one of two ways; either by obtaining a Basic Listing 306 or a Premium Listing 308, as illustrated by decision block 304. A basic listing 306 is defined generally as being free to the participant and a premium listing 308 is defined generally as including a payment for the advertising services associated with the premium listing 308. The basic listing 306 may include, for example, general information about the medical service/good provider 302 106, such as name, address, phone number, office hours and minimal practice description, etc. The premium listing 308 may include in addition to the general information, for example, a link on a global telecommunications network to a medical providers special PPO BUSTERS web-page or a pre-stored advertising. The web-page will be a standardized layout that displays a picture of the provider, the provider's mission statement, a short biography, a picture of their facility, maps to the facility, etc. This web-page will be a way for a PPO BUSTERS member 314 to become more familiar with the medical service/good providers 302 106 offered and help them make a more informed choice. In essence, it is a way for the medical service/good provider 302 106 to advertise themselves. A portion of the payment for the premium listing 308 may enter a multi-level or network advertising payment system. The basic listings 306 and premium listings are stored on a server 310. The server 310 may be a single computer, data storage device or a distributed network of computers that allow appropriate access to the information stored on the server 310.

Please replace paragraph [0036] with the following amended paragraph:

[0036] After the median PPO rate for a particular community has been determined, a price list 312 containing the published rates of services will be made available via the server 310. The term published rates does not necessarily mean that all rate information is public information available to everyone. For example, the published rates for one community may not be available to members 314 or medical service/good providers ~~302~~ 106 in another community. If a medical service/good provider ~~302~~ 106 wishes to offer PPO BUSTERS members ~~314~~ 104 (collectively referred to as a pool of members) its services, the provider may sign an agreement to do so at the published fees and obtain a free Basic Listing 306 on the PPO BUSTERS Internet website via server 310. When a PPO BUSTERS member ~~314~~ 104 wishes to find a provider ~~302~~ 106 in their area, they will go to the PPO BUSTERS Internet website via server 310 and input their zip code and desired services category, at which point all the medical services providers ~~302~~ 106 signed up with PPO BUSTERS in their area will be displayed. The PPO BUSTERS Internet website may also include information and advertisements from advertisers 316, such as pharmaceutical companies. The advertisements can be provided to the members 314 based on stored preferences, search terms or search results.

Please replace paragraph [0037] with the following amended paragraph:

[0037] As shown in FIGURE 4, the PPO BUSTERS system, method and apparatus 400 may be integrated into an existing multi-level marketing company, with a large existing base of potential members and/or an insurance company, which see the value of PPO BUSTERS vision and is not currently involved with a PPO. The system 400 may include charging a membership fee to each member 104 in the PPO Busters pool of members ~~402, 408, 410, 412, 414 and 416~~ much of which may be paid into a MLM marketing network or matrix, so that members that wish, can build substantial new businesses that can provide for their long term financial security. A portion of the membership fee may also be paid to PPO BUSTERS. The benefits of a MLM marketing system are known

and understood. A MLM marketing network may also be provided to the providers 106 in the pool of medical service/good providers 302, 418, 420, 422, 424 and 426.

Please replace paragraph [0038] with the following amended paragraph:

[0038] As previously described, the server 310 contains price list information 312, information from advertisers 316 and information about the pool of medical service/good providers 302. A member 402 104 accesses the server 310 and searched the medical service/good providers' basic 306 and/or premium listings 308 in block 404. Advertisements can be displayed to the member 402 104 based on the search. Once the member 402 104 reviews the basic listings 306 and premium listings 308, the member 402 104 selects a medical service/good provider 302 in block 406.

Please replace paragraph [0039] with the following amended paragraph:

[0039] A premium listing 308 may cost the medical service/good provider 302 106, e.g., \$500.00 per year, much of which may be paid into a MLM marketing matrix. Medical service/good providers 302 106 who obtain premium listing 308 may automatically be enrolled in the PPO BUSTERS MLM marketing plan. The faster the medical provider network grows the easier it will be to expand PPO BUSTERS membership roles. One of the faster ways to build a medical providers network would be to compensate the medical service/good providers 302 106 who share the PPO BUSTERS program with other medical service/good providers 418, 420, 422, 424 and 426 106 that also face the same problem PPO problems and have a common goal of regaining their practices. With a reoccurring \$500.00 listing fee, the MLM compensation side of the model for a medical service/good provider 302 106 will not be something that will be easily dismissed. Medical service/good providers 302 106 could also display information about PPO Busters at their receptionist desk and in their waiting area. Because of the PPO's, most medical service/good providers 302 106 have experienced a reduction in net income and many are looking for additional way to increase their take-home revenue. PPO

BUSTERS offers an easy natural way for medical service/good providers ~~302~~ 106 to increase substantially their revenue. PPO BUSTERS may also provide members with identification cards and other benefits, such as network dispute resolution services, specials and discounts on third party goods and services.

Please replace paragraph [0040] with the following amended paragraph:

[0040] The Premium Listing 308 web-pages may be generated by an automated system that will let the listing medical service/good provider ~~302~~ 106, e.g., fill in the blank sections and upload JPEG images that are incorporated in the standard PPO BUSTERS premium listing format. Off the shelf software is available that accommodates this function for PPO Busters.

Please replace paragraph [0041] with the following amended paragraph:

[0041] The basic listings 306 and premium listings 308 for providers, pharmacies, or drugs may be displayed on a computer screen on the Internet, with the list looking like a telephone directory listing, with a list of providers displayed in a vertical line format. The basic listings 306 may be in regular case black font and the premium listings ~~318~~ 308 may be in a larger hyperlink font of a different color so that when the hyperlink is clicked with a mouse, it takes them to a pop-up advertising page of the vendor, provider or manufacturer. The direct point-of-sale system may include a referral network of pharmacies divided into premium listings 308 and basic listings 306, wherein the premium listing 308 could also be sold to pharmacies so they could compete head to head with other pharmacies in the network, and may include a customized page on a global telecommunications network and wherein the customizable page further include one or more advertising links to an advertiser 316, e.g., a vendor, a service provider, a drug manufacturer or any other entity that wants to advertise to the members ~~402~~ 104.

Please replace paragraph [0042] with the following amended paragraph:

[0042] Now ~~Referring~~ referring to FIGURE 5, a revenue flow chart 500 in accordance with one embodiment of the present invention is shown. The network provider ~~502~~ 204 or PPO BUSTERS receives revenue from the pool of members ~~314~~ 104 through membership fees ~~504~~ 210, advertisers 316, such as pharmaceutical companies, through advertising fees 506, and medical service/good providers ~~302~~ 106 for premium listings 308 through premium listing fees 508. There is no charge to medical service/good providers ~~302~~ 106 for basic listings 306. Additional revenue 510 may also be obtained through a new MLM of medical service/good providers ~~302~~ 418, 420, 422, 424 and 426.

Please replace paragraph [0044] with the following amended paragraph:

[0044] Now referring to FIGURE 6B, a flow chart showing the steps 630 performed by a medical service/good provider ~~206~~ 106 in accordance with one embodiment of the present invention (FIGURES 2A and 7) is shown. The medical service/good provider ~~206~~ 106 joins the member-provider network in block 634. If the medical service/good provider ~~206~~ 106 does not agree to an existing discount price list, as determined in decision block 636, the medical service/good provider ~~206~~ 106 submits a discount price list in block 638. Once the price list is either agreed to, as determined in decision block 636, or submitted in block 638, the medical service/good provider ~~206~~ 106 elects to have a basic or premium listing as determined in decision block 640. If the medical service/good provider ~~206~~ 106 elects not to have a premium listing, as determined in decision block 640, the medical service/good provider ~~206~~ 106 provides the necessary information to be included in the basic listing in block 642. If, however, the medical service/good provider ~~206~~ 106 elects to have a premium listing, as determined in decision block 640, the medical service/good provider ~~206~~ 106 pays the premium listing fee in block 644 and provides the desired information to be included in the premium listing in block 646. Once the listing information is complete (blocks 642 or 646), the medical service/good provider ~~206~~ 106 provides goods or services to members in block 648 and receives payment for the goods or services provided based on the price list at time of

delivery in block 650. As previously mentioned, the medical service/good provider 206 106 receives payment immediately from the member instead of waiting on and hassling with an insurance company.

Please replace paragraph [0045] with the following amended paragraph:

[0045] Referring now to FIGURE 6C, a flow chart showing the steps 660 performed by a member 202 104 in accordance with one embodiment of the present invention (FIGURES 2A and 7) is shown. The member 202 104 pays a membership fee to join the member-provider network in block 664. When the member 202 104 needs medical services or goods, he or she searches the medical service/good provider list using various well known criteria, such as area and services/goods provided, in block 666. The member 202 104 then selects a medical service/good provider and reviews the listing (basic or premium) and price list for the selected medical service/good provider in block 668. If the medical service/good provider is acceptable, as determined in decision block 670, the member 202 104 contacts the selected medical service/good provider in block 672. If, however, the medical service/good provider is not acceptable, as determined in decision block 670, the member 202 104 can narrow the search parameters or perform a new search in block 666 and repeats the process. Once the member 202 104 contacts the medical service/good provider in block 672, the member 202 104 receives the goods or services from the medical service/good provider in block 674 and pays the medical service/good provider for the goods or services provided based on the price list at the time of delivery in block 676.

Please replace paragraph [0046] with the following amended paragraph:

[0046] Now referring to FIGURE 7, a diagram illustrating PPO BUSTERS 700 provided by a pharmacy network provider, which may include a group of retail or wholesale drug stores, or pharmaceutical companies, etc., in accordance with another embodiment of the present invention is shown. This embodiment of PPO BUSTERS 700 includes a

pharmacy network provider 704, individuals 202 104 and pharmacies 706. Individuals 202 104 pay a membership fee 710 210, typically per person/family per month/year, to the pharmacy network provider 704 and/or PPO BUSTERS in order to join the program and access the pharmacy listing and discount price list 708. All or part of the membership fee 710 210 may be paid by the individual's 202 104 employer or business. The membership fee 710 210 may also include coverage for a spouse and dependents. The pharmacy listing 708 is created and maintained by the pharmacy network provider 704 or its agents and contains, in part, information provided by the pharmacies 706. The pharmacies 706 provide this information to the pharmacy network provider 704 when they join PPO BUSTERS by agreeing to the terms and conditions of the pharmacy network provider 704, such as agreeing to only charge individuals 202 104 of PPO BUSTERS the discount price 7212. The individual 202 104 pays the discount price 7212 to the pharmacy 706 when the goods or services are rendered. The individual 702 can "look up" the discount price on the discount price list 708 prior to contacting the pharmacy 706.

Please replace paragraph [0047] with the following amended paragraph:

[0047] Flow charts illustrating this embodiment of the present invention are the same as previously described FIGURES 6A, 6B and 6C wherein the following references are equivalent to one another: members 202 104 (FIGURES 6A, 6B and 6C) and individuals 202 104 (FIGURE 7); network provider 204 (FIGURES 6A, 6B and 6C) and pharmacy network provider 704 (FIGURE 7); and service/good provider 206 106 (FIGURES 6A, 6B and 6C) and pharmacy 706 (FIGURE 7). In addition, this embodiment of the present invention includes designing a pricing schedule of all the drugs offered at a discount through participating pharmacies. Once the drug schedules are developed, a premium listing may be sold for each specific drug listed on the web site and/or link to the website of the drug company that manufactures the product (see blocks 606 through 614 in FIGURE 6A), which would act as a full page advertisement on the actual drug itself or about the drug manufacturer. These particular premium drug listings would be sold at a

rate based on the value of a targeted market demographic audience thus allowing individual drug companies to aggressively market their drugs to targeted consumers.

Please replace paragraph [0048] with the following amended paragraph:

[0048] For example, FIGURE 8 illustrates PPO BUSTERS 800 provided by a pharmacy benefit manager 804, which is typically a managed volume purchaser of drugs, in accordance with another embodiment of the present invention. This embodiment of PPO BUSTERS 800 includes a pharmacy benefit manager 804, individuals 202 and pharmaceutical companies 806. Individuals 202 104 pay a membership fee 810 210 to the pharmacy benefit manager 804 and/or PPO BUSTERS in order to join the program and access the pharmaceutical listing and discount price list 808. All or part of the membership fee 810 210 may be paid by the individual's 202 104 employer or business. The membership fee 810 210 may also include coverage for a spouse and dependents. The pharmaceutical listing 808 is created and maintained by the pharmacy benefit manager 804 or its agents and contains, in part, information provided by the pharmaceutical companies 806, which could join PPO BUSTERS 800 in order to get preferential treatment. The individual 202 104 pays the discount price 8212 to the pharmacy benefit manager or its designated pharmacies 804 when the goods or services are rendered. The individual 202 104 can "look up" the discount price on the discount price list 808 prior to contacting the pharmacy benefit manager or its designated pharmacies 804.

Please replace paragraph [0049] with the following amended paragraph:

[0049] Now referring to FIGURE 9A, a flow chart showing the steps 900 performed by a pharmacy benefit manager 804 in accordance with another embodiment of the present invention (FIGURE 8) is shown. The pharmacy benefit manager 804 and/or PPO BUSTERS receives membership fees from new and renewing members in block 902 604, receives the premium listing fees and information, which include price list information,

from the appropriate pharmaceutical company in block 904, and receives the basic listing information, which includes price list information, from the appropriate pharmaceutical company in block 906. After blocks 902 604, 904 or 906, the pharmacy benefit manager 804 provides the basic/premium listings and price lists to the members in block 908 614, receives prescription order and verification information from the member in block 910 and fills the order, ships the order and receives payment from the member in block 912. The order and payment process can be accomplished using the Internet, a dial up service, express delivery service or mail. Alternatively, the member can take the prescription to a branch or authorized agent of the pharmacy benefit manager 804 to receive and pay for the pharmaceuticals. Thereafter, the pharmacy benefit manager 804 receives and processes feedback from members and pharmaceutical companies in block 914 and periodically updates the information provided to the members in block 916 618.

Please replace paragraph [0050] with the following amended paragraph:

[0050] Referring now to FIGURE 9B, a flow chart showing the steps 930 performed by a pharmaceutical company 806 in accordance with another embodiment of the present invention (FIGURE 8) is shown. The pharmaceutical company 806 may agree to special pricing and/or elect to have a basic or premium listing as determined in decision block 932 640. If the pharmaceutical company 806 elects not to have a premium listing, typically on a per drug basis, as determined in decision block 932 640, the pharmaceutical company 806 provides the necessary information to be included in the basic listing in block 934 642. If, however, the pharmaceutical company 806 elects to have a premium listing, as determined in decision block 932 640, the pharmaceutical company 806 pays the premium listing fee in block 936 644 and provides the desired information to be included in the premium listing in block 938 646.

Please replace paragraph [0051] with the following amended paragraph:

[0051] Now referring to FIGURE 9C, a flow chart showing the steps 960 performed by a member 202 104 in accordance with another embodiment of the present invention (FIGURE 8) is shown. The member 202 104 pays a membership fee to join the pharmacy benefit manager 804 and/or PPO BUSTERS in block 962 664. When the member 202 104 needs pharmaceuticals, he or she searches the pharmaceutical list, which includes listings, educational information and pricing, using various well known criteria in block 964. The member 202 104 then selects a pharmaceutical in accordance with a prescription and reviews the listing (basic or premium) and price list for the selected pharmaceutical in block 966. In addition, the member 202 104 can use the present invention to research drugs and pharmaceutical companies prior to or after seeing a health care provider. The member 202 104 then provides prescription verification and information to the pharmacy benefit manager and pays the discount price in block 968 and receives the pharmaceuticals in block 970. The order and payment process can be accomplished using the Internet or a dial up service. Alternatively, the member 202 104 can take the prescription to a branch or authorized agent of the pharmacy benefit manager to receive and pay for the pharmaceuticals.

Please replace paragraph [0052] with the following amended paragraph:

[0052] Referring now to FIGURE 10, a diagram illustrating a PPO/major medical plan 1000 provided by an insurance company 4002 102 in accordance with another embodiment of the present invention is shown. PPO BUSTERS 1000 includes an insurance company 4002 102 that provides major medical and is the network provider, individuals 202 104 and medical service/good providers 206 106. As previously described, individuals 202 104 pay a membership fee 4006 210 to the insurance company 4002 102 and/or PPO BUSTERS in order to join the program and access the medical service/good provider listing and discount price list 4012 208. The individual 202 104 can also pay a major medical premium 4004 108 to the insurance company 4002 102. Note that the membership fee 4006 210 and the major medical premium 4004 108 can be combined into single or periodic payments. In addition, all or part of the membership fee

~~1006 210~~ and major medical premium ~~1004 108~~ may be paid by the individual's ~~202 104~~ employer or business. The membership fee ~~1006 210~~ and major medical premium ~~1002 102~~ may also include coverage for a spouse and dependents. The medical service/good provider listing ~~1012 208~~ is created and maintained by the insurance company ~~1002 102~~ or its agents and contains, in part, information provided by the medical service/good providers ~~206 106~~. The medical service/good providers ~~206 106~~ provide this information to the insurance company ~~1002 102~~ when they join PPO BUSTERS by agreeing to the terms and conditions of the insurance company ~~1002 102~~, such as agreeing to only charge individuals ~~202 104~~ of PPO BUSTERS the discount price ~~1008 212~~. The individual ~~202 104~~ pays the discount price ~~1008 212~~ to the medical service/good provider ~~206 106~~ when the goods or services are rendered. The individual ~~202 104~~ can "look up" the discount price on the discount price list ~~1012 208~~ prior to contacting the medical service/good provider ~~206 106~~. Once the deductible is reached, the insurance company ~~1002 102~~ then pays the medical service/product provider ~~206 106~~ based on what is deemed as usual and customary charges (Major Medical Payment ~~1010 258~~) for the product or service in the particular geographic area.

Please replace paragraph [0053] with the following amended paragraph:

[0053] Now referring to FIGURE 11A, a flow chart showing the steps 1100 performed by an insurance company ~~1002 102~~ in accordance with another embodiment of the present invention (FIGURE 10) is shown. With respect to the major medical part of the plan, as determined in decision block 1102, the insurance company ~~1002 102~~ receives major medical premiums from the member in block 1104. Thereafter, the insurance company ~~1002 102~~ will periodically receive major medical claims for a member from a medical service/good provider in block 1106. The insurance company ~~1002 102~~ then manages and pays the major medical claim to the medical service/good provider in block 1108. With respect to the PPO BUSTERS part of the plan, as determined in decision block 1102, the insurance company ~~1002 102~~ and/or PPO BUSTERS receives membership fees from new and renewing members in block ~~1110 610~~, receives the

premium listing fees and information, which include price list information, from the appropriate medical service/good providers in block 4112 606, receives the basic listing information, which includes price list information, from the appropriate medical service/good providers in block 4114 608, or receives advertising fees from third parties in block 4116 604. After the advertising fees are received in block 4110 610, the insurance company 4002 102 places the advertisements in content that is provided to the members in block 4118 612. After blocks 4112 606, 4114 608, 4116 604 or 4118 612, the insurance company 4002 102 provides the basic/premium listings and price lists to the members in block 4120 614, receives and processes feedback from members, medical service/good providers and advertisers in block 4122 616 and periodically updates the information provided to the members in block 4124 618.

Please replace paragraph [0054] with the following amended paragraph:

[0054] Referring now to FIGURE 11B, a flow chart showing the steps 1130 performed by a medical service or good provider 206 106 in accordance with another embodiment of the present invention (FIGURE 10) is shown. The medical service/good provider 206 106 joins the member-provider network in block 4132 634. If the medical service/good provider 206 106 does not agree to an existing discount price list, as determined in decision block 4134 636, the medical service/good provider 206 106 submits a discount price list in block 1136. Once the price list is either agreed to, as determined in decision block 4134 636, or submitted in block 1136, the medical service/good provider 206 106 elects to have a basic or premium listing as determined in decision block 4138 640. If the medical service/good provider 206 106 elects not to have a premium listing, as determined in decision block 4138 640, the medical service/good provider 206 106 provides the necessary information to be included in the basic listing in block 4140 642. If, however, the medical service/good provider 206 106 elects to have a premium listing, as determined in decision block 4138 640, the medical service/good provider 206 106 pays the premium listing fee in block 4142 644 and provides the desired information to be included in the premium listing in block 4144 646. Once the listing information is

complete (blocks 4440 642 or 4444 646), the medical service/good provider 206 106 provides goods or services to members in block 4446 648. If the goods or services are covered by the PPO BUSTERS part of the plan because the deductible has not been reached, as determined in decision block 1148, the medical service/good provider 206 106 receives payment for the goods or services provided from the member based on the price list at time of delivery in block 4450 650. As previously mentioned, the medical service/good provider 206 106 receives payment immediately from the member instead of waiting on and hassling with an insurance company. If, however, the goods or services are covered by the major medical part of the plan because the deductible has been reached, as determined in decision block 1148, the medical service/good provider 206 106 files a major medical claim with the insurance company in block 1152. The medical service/good provider 206 106 then manages and ultimately receives payment for the major medical claim from the insurance company in block 1154.

Please replace paragraph [0055] with the following amended paragraph:

[0055] Now referring to FIGURE 11C, a flow chart showing the steps 1160 performed by a member 202 104 in accordance with another embodiment of the present invention (FIGURE 10) is shown. With respect to the PPO BUSTERS part of the plan, the member 202 104 pays a membership fee to join the member-provider network in block 4462 664. With respect to the major medical part of the plan, the member 202 104 pays major medical premiums to the insurance company in block 1164. When the member 202 104 needs medical services or goods, he or she searches the medical service/good provider list using various well known criteria, such as area and services/goods provided, in block 4466 666. The member 202 104 then selects a medical service/good provider and reviews the listing (basic or premium) and price list for the selected medical service/good provider in block 44668. If the medical service/good provider is acceptable, as determined in decision block 44670, the member 202 104 contacts the selected medical service/good provider in block 44672. If, however, the medical service/good provider is not acceptable, as determined in decision block 44670, the member 202 104 can narrow

the search parameters or perform a new search in block 1166 and repeats the process. Once the member ~~202~~ 104 contacts the medical service/good provider in block ~~44~~672, the member ~~202~~ 104 receives the goods or services from the medical service/good provider in block ~~44~~674. If the member's deductible has not been reached, as determined in decision block ~~1176~~48, the member ~~202~~ 104 pays the medical service/good provider for the goods or services provided based on the price list at the time of delivery up to the member's annual deductible amount in block 1178. If, however, the goods or services are covered by the major medical part of the plan because the deductible has been reached, as determined in decision block ~~1176~~48, the insurance company pays the medical service/good provider for the goods or services provided that exceed the member's deductible in block 1180. Note that the member's deductible may include a per visit deductible, 80%/20% deductible and/or maximum out-of-pocket expense cap.